

admitted to the ICU (OR=1.027, CI=1.016-1.037; $p<.0001$), and readmitted at 30 (OR=1.129, CI=1.118-1.141; $p<.0001$), 90 (OR=1.185, CI=1.175-1.196; $p<.0001$), and 180 (OR=1.163, CI= 1.153-1.173; $p<.0001$) days post discharge compared to non-HN patients. **CONCLUSIONS:** HN represents a significant clinical, utilization, and economic burden due to increased cost, LOS, ICU admissions and hospital readmission.

PSY27

REAL-WORLD EVALUATION OF HEALTH CARE RESOURCE UTILIZATION AND COSTS IN PATIENTS WITH NEUROPATHIC PAIN ASSOCIATED WITH DIABETIC PERIPHERAL NEUROPATHY (PDPN) TREATED WITH PREGABALIN OR GABAPENTIN

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OBJECTIVES: To evaluate and compare changes in healthcare resource utilization and costs associated with the initiation of pregabalin or gabapentin in pDPN patients in a real-world setting. **METHODS:** A retrospective cohort study utilizing the MarketScan Commercial Claims and Encounters Database (2007-2009). Patients with a new prescription for pregabalin or gabapentin in 2008 (date of the prescription defined as index date) and ≥ 1 healthcare encounter with an ICD-9 code for diabetic peripheral neuropathy (DPN; 250.6 or 357.2) within 30 days prior to the first prescription for pregabalin or gabapentin were identified and propensity score matched. Both cohorts were continuously enrolled for the 12 month pre- and post-index periods during which health care utilization and costs were assessed. Pre- to post-index changes were compared between pregabalin and gabapentin using a difference-in-difference (DID) approach. **RESULTS:** 910 pregabalin patients (48.6% female; mean age 63.3 ± 12.1 years) were matched to 910 gabapentin patients (48.8% female; mean age 63.3 ± 12.1 years); other demographic and clinical characteristics were also comparable between cohorts, with the exception of US region. The pre- to post-index DID in resource utilization did not differ between the two cohorts including: number of office visits per patient ($P=0.66$), number of ER visits ($P=0.78$), number of inpatient stays ($P=0.92$), average inpatient length of stay per hospitalization ($P=0.79$), number of total prescriptions filled ($P=0.37$). The DID of total healthcare costs per patient were non-significant with pre- to post-index increases of \$3,081 in pregabalin patients and \$4,683 in gabapentin patients ($P=0.50$). **CONCLUSIONS:** Patients with pDPN initiating pregabalin or gabapentin experienced comparable changes in healthcare resource utilization and costs. These results suggest overall cost neutrality between pregabalin and gabapentin.

PSY28

FACTORS LEADING TO HIGH HEALTH CARE EXPENDITURE AMONG OBESE INDIVIDUALS IN THE UNITED STATES

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OBJECTIVES: To identify the factors associated with high healthcare expenditure among obese individuals in the United States. **METHODS:** Analytical sample consisted of obese adults 20 years or older with (BMI ≥ 30). Total yearly expenditures for obese adults were obtained from 2007 Medical Expenditure Panel Survey data. Observations with total yearly healthcare expenditure greater than 90th percentile were classified as high healthcare spenders and coded yes/no to be used as the dependent variable. Independent factors selected according to the Anderson's Behavioral Model were age, gender, race, MSA, region, education, poverty category, source of payment, usual source of care, MSA, education, general health status, mental health status and mortality risk status. 'Surveylogistic' regression was used to determine the predictors of high expenditures. **RESULTS:** Descriptive analysis show that adults with high healthcare expenditure were whites (74.23%), had mid-school education (60%), lived in MSA (79%), had usual care provider (95%), private insurance (67%) and belonged to very high mortality risk group (46%). In adjusted analysis, age (OR: 1.019 CI: 1.009-1.029), usual source of care (OR: 1.901 CI: 1.196-3.020), private (OR: 3.609 CI: 1.992-6.539) and public insurance (OR: 3.251 CI: 1.781-5.936), very high (OR: 3.342 CI: 2.327-4.798) and high (OR: 2.213 CI: 1.666-2.938) mortality risk and general health status (OR: 2.493 CI: 2.148-2.893) were associated with high healthcare expenditure. **CONCLUSIONS:** Several enabling and need factors seem to be associated with high healthcare expenditure. Both private and public health insurance have a significant burden of healthcare expenditure associated with obesity. Individuals with usual source of care are more likely to incur high healthcare expenditure. Comorbidities have a significant impact on healthcare expenditure among obese individuals and highlight the need to deliver comprehensive disease state management. The findings from this study can have important implications in understanding increased utilization of health services among obese adults in the United States.

PSY29

A COMPARISON OF DAILY AVERAGE SUPPLY (DASUP) OF OXYCODONE AND OXYMORPHONE LONG-ACTING ORAL TABLETS

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OBJECTIVES: Although both oxycodone CR and oxymorphone ER are approved for twice daily dosing, it is unclear whether actual utilization is consistent with this. The objective was to assess whether there exist differences in the utilization of oxycodone CR and oxymorphone ER. **METHODS:** We used prescription claims data from a commercially-insured population (3 InVision Data Mart database), during the period January 1, 2007 to March 31, 2010. A claim for at least one 30-day supply of study drug one month prior to the observation period was necessary to avoid capturing utilization associated with titration. Subsequently, all subjects had a

claim for at least a 90-day supply of the respective opioid analgesic. Patients' claims were excluded from this analysis if there was evidence of a switch from one to the other study opioid during the 90-day observation period. There were no limitations on the use of other opioids, during the baseline or observation periods. The final cohort consisted of 6,567 oxycodone CR patients and 796 oxymorphone ER patients. In addition to univariate analysis, multivariate analyses were conducted using generalized linear models (GLM) to adjust for the observed heterogeneity among patients in the observational database. **RESULTS:** The unadjusted daily average supply (DASUP) mean values for the highest strengths of oxycodone CR (80 mg) was 3.9 compared to 2.9 for oxymorphone ER (40mg), 3.0 vs. 2.4 for all lower strengths, and 3.1 vs. 2.5 for all strengths. (all $p<0.001$). After adjusting for baseline differences, a risk-adjusted overall mean difference in DASUP remained with oxycodone CR patients receiving, on average, 0.6 tablets more per day than those dispensed oxymorphone ER ($p<0.001$). The direction, magnitude and statistical significance of these differences were essentially unchanged in sensitivity analyses. **CONCLUSIONS:** In managing the pharmacy benefit, decision-makers may want to consider the financial implications of these DASUP differences.

Systemic Disorders/Conditions – Patient-Reported Outcomes & Preference-Based Studies

PSY30

A REAL-WORLD EVALUATION OF ADHERENCE AND PERSISTENCE OF WEIGHT-LOSS PHARMACOTHERAPY IN THE UNITED STATES: 2007-2010

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OBJECTIVES: There is a rapidly growing overweight and obesity epidemic in the US, and a high demand for long-term safe and effective weight-loss agents. While 3 new antiobesity therapies underwent FDA review in 2010, little is known about the utilization of available weight-loss drugs. The objective of this analysis is to describe the real-world prescription patterns, adherence, and persistence of weight-loss pharmacotherapy in the United States. **METHODS:** A retrospective cohort analysis was conducted using Medco's integrated claims database to evaluate adult patients initiating weight-loss pharmacotherapy between May 2007-October 2010. Eligibility criteria included new weight-loss drug prescription claims (no weight-loss therapy prescriptions 6 months prior to index claim date) and continuous eligibility for 6 months pre- and 14 months post-index claim date. Patients on drugs with >1000 distinct patient counts were analyzed for adherence (annual Medication Possession Ratio; MPR), persistency (allowing a 45 day gap), and concomitant therapy. **RESULTS:** Analyses included 91,160 patients receiving five drugs: phentermine (N=67434), sibutramine (N=13438), orlistat (N=8047), phendimetrazine (N=4631), and, diethylpropion (N= 4350). Mean \pm SD age was 44 ± 12 years (96%, 18-64 y/o), 82% were female, 46% resided in the South, and 91% filled prescriptions at retail only. Among obesity drug prescribers with known specialty, 71% were family/internal medicine practitioners. Patients received a mean of 3 ± 3 concomitant chronic medications, with 38%, 31%, 22%, and 11% on antihypertensive, antidepressant, dyslipidemia, or oral antidiabetic therapy, respectively. The mean adherence ranged from MPR=0.20 (phendimetrazine) to MPR=0.26 (phentermine). Persistence at 3, 6, and 12 months ranged respectively from 26%-38% (low-phendimetrazine, high-phentermine), 9%-16% (low-phendimetrazine, high-sibutramine), and 3%-6% (low-phendimetrazine, high-sibutramine). **CONCLUSIONS:** Weight-loss pharmacotherapies in the United States were prescribed by primary care physicians to predominantly younger, female patients on concomitant therapy for common obesity-related conditions. Adherence and persistence to therapy is low, even over short-term exposure, although treatment duration may extend beyond recommendations in some cases (e.g., phentermine).

PSY31

HEMOPHILIA A: PATIENT IMPACT AND ECONOMIC BURDEN OF THE DISEASE

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OBJECTIVES: Hemophilia A is a rare but serious bleeding disorder caused by a blood clotting factor VIII (FVIII) deficiency. To examine the impact of hemophilia A and replacement FVIII therapies from a humanistic and economic perspective, a targeted literature review was conducted. **METHODS:** Searches were conducted in MEDLINE[®] and the National Health Service Economic Evaluation Database, using disease, patient-reported outcome and economic-related key words, limited to English articles published from January 2000-January 2010 (inclusive). From 653 abstracts retrieved, 34 full-text articles were selected for detailed consideration. **RESULTS:** Findings revealed increased mortality rates and decreased life expectancy among people with hemophilia A, compared with the general population. This is largely attributed to the transmission of blood-borne viruses (e.g. HIV and Hepatitis-C) due to use of plasma-derived FVIII (pdFVIII) concentrates. Improvements in viral attenuation processes plus donor screening practices for pdFVIII products have reduced the risks of viral transmission, but risk from non-enveloped viruses and other unknown pathogens still exists. Newly developed recombinant FVIII therapies minimize these risks; however, such therapies are not currently widely available globally. All available FVIII therapies use demanding regimens requiring regular time-consuming injections, which can be detrimental to patients' health-related quality of life and limit adherence. Non-adherence is associated with diminished product efficacy, poorer health outcomes and increasing economic expenditure. Treating hemophilia A is costly, primarily due to the high acquisition cost of replacement FVIII products. However, indirect costs (e.g. patient disability) also contribute to economic burden. Prophylactic treatment, while ini-